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FROM: John F. Salazar,
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(faxed by Diane M. Miles, Paralegal)

Date: October 10, 2005

TO: U.S. Patent and Trademark Office
Examiner: Douglas D. Watts
Fax #571-273-8300

Group Art Unit: 3724

Re: U.S. Patent Application No. 10/692,050
Attorney Docket No. ZP234-06026

PAGES: 17 in total

Remarks: This is a Request for Continued Examination in the above-referenced application, and includes:

1. PTO/SB/30;
2. PTO/SB/17;
3. PTO-2038;
4. Amendment "C" submitted with RCE Under Rule 37 CFR 1.114,

with 4 replacement drawing sheets

CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on October 10, 2005.

Diane M. Miles
Signature

Diane M. Miles
Printed Name of Person signing
Certificate

OCT 10 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$790.00)**Complete if Known**

Application Number 10/692,050

Filing Date 10/23/2003

First Named Inventor David Eugene Champlin

Examiner Name Douglas D. Watts

Art Unit 3724

Attorney Docket No. ZP234-06026

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Nonc Other (please identify): _____ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Types	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

Multiple dependent claims 360 180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims****HP** = highest number of total claims paid for, if greater than 20**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)** _____**HP** = highest number of independent claims paid for, if greater than 3**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)****HP** = highest number of sheets paid for, if greater than 100**100** **100** / 50 = **round up to a whole number** **x** **Fee (\$)** **Fee Paid (\$)****4. OTHER FEE(S)**

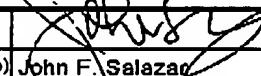
Non-English Specification, \$130 fee (no small entity discount)

Other: Fees for Request for Continued Examination

Fee Paid (\$)

\$790.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 39,353	Telephone 502-584-1135
Name (Print/Type)	John F. Salazar		Date 10/10/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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